

Massachusetts Center for Health Information and Analysis

Hospital Inpatient Discharge Data COVID-19 Test Results Supplemental File

File Submission Guide FY 2021

Effective December 15, 2020

CHIA has adopted regulation 957 CMR 8.00 to require the reporting of Hospital Inpatient Discharge Data, Outpatient Emergency Department Visit Data and Outpatient Observation Data to the Center for Health Information and Analysis. This document provides the technical and data specifications, including edit specifications required for the Hospital Inpatient Discharge Data – COVID-19 Test Results Supplemental Data herein referred to as “Hospital Inpatient COVID Test Data”.

This submission guide will be in effect beginning with the monthly data submission due at CHIA on January 7, 2021.



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Hospital Inpatient COVID Test Results Data Submission Overview

Data to Include in Hospital Inpatient COVID Test Results Data Submissions

Hospital Inpatient COVID Test Data shall be reported for all inpatient discharges within the quarter, regardless of whether the patient had a COVID test during the admission as required by Regulation 957 CMR 8.00. This document contains the data record descriptions for submissions of COVID-19 test results. The record specifications, data elements definitions, and code tables appear within this document.

Definitions

Terms used in this specification are defined in the regulation's general definition section (957 CMR 8.02) or are defined in this specification document. If a term is not otherwise defined, use any applicable definitions from the other sections of the regulation or the Hospital Inpatient Discharge Data Submission Guide.

Data File Format

The data for Hospital Inpatient COVID Test results must be submitted in a pipe delimiter format.

Hospitals submitting data in a pipe delimiter format must submit pipe delimited data using the following format specifications:

Text Delimiter: Double Quote (")

Field Separator: Pipe (|)

Carriage return and line feed must be placed at the end of each record.

The number of characters between quotes must not exceed the maximum length of a field.

Pipe Delimiter Format Example: "MRN1234"|20210101|20210102|20210101|"N"

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NOTE – The following fields must be encased in quotes:

Hospital Submitter OrgID
Hospital Name
Medical Record Number
PCR Test Result Status

Data Transmission Media Specifications

Data will be transferred to CHIA via CHIASubmissions. The URL for submitting Hospital Inpatient COVID Test Data is: <https://chiasubmissions.chia.state.ma.us> . Your facility Userid and Password will be the same as used for submission of Hospital Inpatient Discharge Data. SENDS will not be used for this data collection. There are separate instructions for accessing/using CHIASubmissions.

The edit specifications are incorporated into CHIA's system for receiving and editing incoming data. CHIA recommends that data processing systems incorporate these edits to minimize:

- (a) the potential of unacceptable data reaching CHIA and
- (b) penalties for inadequate compliance as specified in regulation 957 CMR 8.00

File Naming Convention

In order for CHIA to correctly associate each file with the proper provider please use the following naming convention for all files:

COVID_#####_CCYY_# where

= Provider CHIA organization ID – do not pad with zeros

CCYY = the Fiscal Year for the data included

= the Quarter being reported.

Record Type Inclusion Rules

Patient COVID Test Results Records:

Each COVID Test Results record will be represented by one record per inpatient discharge. In the event the patient has multiple COVID Test results priority is given as follows:

Priority 1 – any PCR Positive Test Result within 20 days of admission date (i.e. 20 days or less before date of admission through discharge date).

Priority 2 – If no PCR Positive Test Result recorded per the above time frame, the latest PCR Negative Test Result performed.

Priority 3 – Any patient that had an unknown Test Result, test not given, or no COVID test performed at all.

PCR positive test results may include a lab result that was performed for an admission but done outside of their institution (such as an ED to ED transfer prior to admission). There is no requirement to do chart review if these results are not able to be queried in automated code.

If more than one PCR Positive Test Result within the Priority 1 timeframe, the latest Test Result shall be used.

Hospital Inpatient COVID Test Results Data Record Specification

Record Specification Elements

Record Type	Data Element Name	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition
1	Hospital Submitter OrgID	Varchar	Hospital Organization ID	Varchar[7]	CHIA Organization ID	CHIA assigned organization ID assigned to the hospital submitting the data; must agree with the OrgID on the Hospital Inpatient Discharge Data	<ul style="list-style-type: none"> - Must be present. - Must be valid Organization Id as assigned by the Center for Health Information and Analysis - Must agree with OrgID filed on Hospital Inpatient Discharge Data Record Type 10
1	Hospital Name	Varchar	Name of Hospital	char [30]	Organization Name	Name of the Hospital submitting the data	<ul style="list-style-type: none"> - Must be present.
1	Period Starting Date (CCYYMMDD)	Full Date - Integer	Century Year Month Day - CCYYMMDD	Date[8]	Quarter Start Date	Report the starting date of the quarter; will agree with starting date of the hospital inpatient discharge data	<ul style="list-style-type: none"> - Must be present - Must be valid date - Must be the first day of the quarter for which data is being submitted

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Record Type	Data Element Name	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition
1	Period Ending Date (CCYYMMDD)	Full Date - Integer	Century Year Month Day - CCYYMMDD	Date[8]	Quarter End Date	Report the ending date of the quarter; will agree with ending date of the hospital inpatient discharge data	<ul style="list-style-type: none"> - Must be present - Must be valid date - Must be later than Starting Date - Must be the last day of the quarter for which data is being submitted
1	Number of Records	numeric	Number of Records	int[9]	Number of Records	Number of records in File excluding the Header Record. Must match number of records found in the file.	- Must be present.
2	Medical Record Number	Text	MRN	varchar[10]	Medical Record Number	<p>Medical Record Number associated with the patient's hospital inpatient discharge record.</p> <p>The MRN will be used to match the test results to the appropriate record in the quarterly hospital inpatient discharge record submitted to CHIA.</p>	- Must be present.
2	Date of Admission	Full Date - Integer	Century Year Month Day - CCYYMMDD	Date[8]	Date of admission	Report the date of admission from the patient's inpatient discharge as reported in the hospital inpatient discharge data submitted to CHIA.	- Must be present.

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Record Type	Data Element Name	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition
						This date will be used to match the test results to the appropriate record in the quarterly hospital inpatient discharge record submitted to CHIA.	
2	Date of Discharge	Full Date - Integer	Century Year Month Day - CCYYMMDD	Date[8]	Date of discharge	<p>Report the date of discharge from the patient's inpatient discharge as reported in the hospital inpatient discharge data submitted to CHIA.</p> <p>This date will be used to match the test results to the appropriate record in the quarterly hospital inpatient discharge record submitted to CHIA.</p>	- Must be present.
2	Date of PCR Test	Full Date - Integer	Century Year Month Day - CCYYMMDD	Date[8]	Date of test	<p>Report the date of the COVID-19 test that corresponds to the patient's hospital inpatient discharge record submitted to CHIA.</p> <p>Date denotes date the sample was taken.</p> <p>See '<i>Record Type Inclusion Rules</i>' for prioritization rules.</p>	<p>- Must be present if PCR Test Results = N, P or U.</p> <p>- Only one record per discharge.</p>

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Record Type	Data Element Name	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition
2	PCR Test Result Status	Text	Test Result	char[1]	Code to denote Positive/Negative Test Result	N – Negative Test Result P – Positive Test Result T – Test Not Given U – Unknown Test Result (<i>inclusive of insufficient test, or test unable to be performed</i>)	- Must be present. - Must be valid value (N, P, T, U)

NOTE1: The header record, record type 1, will only appear once in the file as the first record.

NOTE2: The record type itself is not a field in the data file.

Hospital Inpatient COVID Test Results Data Quality Standards

- (1) The data will be edited for compliance with the edit specifications set forth in the Hospital Inpatient COVID Test Results Data Record Specifications. The standards to be employed for rejecting data submissions from hospitals will be based upon the presence of errors in data elements listed above.
- (2) All errors will be recorded for each patient test results. A patient COVID Test Result will be rejected under the following conditions:
 - (a) Presence of one or more error flags for individual Record 2 elements.
- (3) An entire file will be rejected and returned to submitter if:
 - (a) Any required Record Type 1 data elements are in error or
 - (b) if 1% or more of Record Type 2 COVID Test Result records are rejected
- (4) Upon matching to the Hospital Inpatient Discharge Data for the same time period, if 1% or more of the records do not correlate/match the file will be rejected.

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- (5) Acceptance of data files under the edit check procedures shall not be deemed acceptance of the factual accuracy of the data contained therein.

Submittal Schedule

Hospital Inpatient COVID Test Results Quarterly Data Files must be submitted monthly to the CHIA according to the following schedule. Final, complete quarterly files are due 75 days following the end of the reporting period.

Quarter	Quarter Begin & End Dates	Data Due:	Due Date for Data File:
1	10/1 – 12/31	Preliminary Q1 (COVID Test Results 10/1 - 10/31)	7-Nov
1	10/1 – 12/31	Preliminary Q1 (COVID Test Results 10/1 - 11/30)	7-Dec
1	10/1 – 12/31	Preliminary Q1 (COVID Test Results 10/1 - 12/31)	7-Jan
1	10/1 – 12/31	Final Complete Q1	16-Mar
2	1/1 – 3/31	Preliminary Q2 (COVID Test Results 1/1 - 1/31)	7-Feb
2	1/1 – 3/31	Preliminary Q2 (COVID Test Results 1/1 - 2/28)	7-Mar
2	1/1 – 3/31	Preliminary Q2 (COVID Test Results 1/1 - 3/31)	7-Apr
2	1/1 – 3/31	Final Complete Q2	14-Jun
3	4/1 – 6/30	Preliminary Q3 (COVID Test Results 4/1 - 4/30)	7-May
3	4/1 – 6/30	Preliminary Q3 (COVID Test Results 4/1 - 5/31)	7-Jun
3	4/1 – 6/30	Preliminary Q3 (COVID Test Results 4/1 - 6/30)	7-Jul
3	4/1 – 6/30	Final Complete Q3	13-Sep
4	7/1 – 9/30	Preliminary Q4 (COVID Test Results 7/1 - 7/31)	7-Aug
4	7/1 – 9/30	Preliminary Q4 (COVID Test Results 7/1 - 8/31)	7-Sep
4	7/1 – 9/30	Preliminary Q4 (COVID Test Results 7/1 - 9/30)	7-Oct
4	7/1 – 9/30	Final Complete Q4	14-Dec